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BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

#41 February 28, 2023

CELIA ZAVALA
ACTING EXECUTIVE OFFICER

February 28, 2023

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO EXECUTE AMENDMENTS TO THREE BLACK INFANT HEALTH SERVICES
CONTRACTS
(SUPERVISORIAL DISTRICTS 2, 4 and 5)
(3 VOTES)**

SUBJECT

Request approval to execute amendments to three Black Infant Health services contracts to increase the contractual maximum obligation for fiscal year 2022-23.

IT IS RECOMMENDED THAT THE BOARD:

Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute amendments to three Black Infant Health (BIH) services contracts, substantially similar to Exhibit I, effective date of execution for the period of March 1, 2023, through June 30, 2023, to increase the total contract obligations for fiscal year (FY) 2022-23 by \$1,105,697 as follows: a) increase Contract Number PH-003175 with The Children's Collective, Inc. (TCC) by \$600,000 from \$1,150,773 to \$1,750,773, b) increase Contract Number PH-003173 with Children's Bureau of Southern California (CBS) by \$300,000 from \$600,000 to \$900,000, and, c) increase Contract Number PH-002924 with City of Pasadena (COP) by \$205,697 from \$208,919 to \$414,616; fully offset by State General Funds (SGF) and Title XIX – Medical Assistance Program (Title XIX), Assistance Listing Number (ALN) #93.778, awarded by the California Department of Public Health (CDPH).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The BIH program aims to improve health among African American mothers and babies and to

reduce Black-White disparities by empowering pregnant and parenting African American women and connecting them to important social support programs. This program support mothers to make healthy choices for themselves, their families, and their communities. Since 1993, Public Health has contracted with community-based organizations to provide BIH services in Los Angeles County (LAC).

Public Health currently has three BIH contracts for services in four LAC Service Planning Areas (SPA) which includes Contract Number PH-003173 with CBS in SPA 1, Contract Number PH-003175 with TCC in SPAs 6 and 8, and Contract Number PH-002924 with COP in SPA 3. These three contracts are in effect through June 30, 2023.

On October 31, 2022, CDPH announced the BIH 2022 Expansion Plan and Allocation for Local Health Jurisdictions that demonstrated the ability to reach 80% of their FY 2021-22 commitment for BIH program participation. The Expansion Plan and Allocation includes SGF funding that supports capacity building for expansion of the existing BIH program model and includes planning and preparing for expansion and successful implementation.

Public Health met the required threshold for Local Health Jurisdictions and is eligible for the additional allocation in FY 2022-23 for BIH expansion services. Public Health may receive future funding for the implementation of the BIH expansion based on the State's budget.

On January 12, 2023, CDPH issued to Public Health the FY 2022-23 Allocation for the BIH Program in the amount of \$3,068,648 that consists of Title V and SGF funding to support program and contracting costs. Afterward, CDPH notified Public Health of an additional allocation for BIH expansion services in the amount of \$533,130.01 in Title XIX matching funds for a revised FY 2022-23 allocation in the amount of \$3,601,778.01. Subsequently, on February 14, 2023, Public Health notified your Board that it was exercising Board delegated authority and accepted the award for the period of July 1, 2022, through June 30, 2023.

Public Health is returning to your Board for approval to execute amendments to the BIH services contracts to increase funding for the current period ending June 30, 2023, that exceeds our current delegated authority approved by the Chief Executive Office (CEO) on behalf of your Board on March 30, 2021.

Approval of the above Recommendation will allow Public Health to execute amendments to the three BIH services contracts to increase funding to support planning and preparation for expansion of BIH services.

Implementation of Strategic Plan Goals

The recommended action supports Strategy I.1, Increase Our Focus on Prevention Initiatives, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total cost for the recommended contract amendments for the period effective date of execution for the period of March 1, 2023, through June 30, 2023, is \$1,105,697, fully offset by SGF and Title XIX.

There is no net County cost associated with this action.

Funding for these contracts is included in Public Health's FY 2022-23 Final Adopted Budget, and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Exhibit I is the amendment template reviewed and approved by County Counsel.

CONTRACTING PROCESS

On May 19, 2015, your Board delegated authority to Public Health to execute a sole source contract with COP to provide BIH services, effective upon execution through June 30, 2016, with a provision to extend the contract term through June 30, 2017. Subsequently the contract was executed on September 25, 2015.

On August 23, 2016, your Board approved the execution of three BIH services contracts in SPAs 1, 6, and 8, effective no sooner than date of Board approval through June 30, 2019, and delegated authority to extend the contract term through June 30, 2021. These SPAs were identified as high-need, priority, based on an analysis of selected perinatal indicators by SPA.

On May 9, 2017, your Board approved the execution of an amendment to extend the contract term with COP to continue the provision of BIH services, effective July 1, 2017, through June 30, 2019, and delegated authority to extend the term of the contract term through June 30, 2021.

On June 5, 2018, your Board was notified that Public Health was exercising delegated authority to extend the BIH services contracts through June 30, 2019. Subsequently, the BIH contractor providing services in SPA 8 opted to relinquish its contract.

On April 2, 2019, your Board approved an amendment for TCC to expand their services to continue the provision of BIH services in SPA 8.

Most recently, Public Health utilized delegated authority approved by the CEO on behalf of your Board on March 30, 2021, to extend the contract term of the three BIH contracts through June 30, 2023.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended action will enable Public Health to support expansion efforts of BIH services.

The Honorable Board of Supervisors

2/28/2023

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Respectfully submitted,

A handwritten signature in black ink, appearing to read "Barbara Ferrer". The signature is fluid and cursive, with the first name "Barbara" and last name "Ferrer" clearly distinguishable.

Barbara Ferrer, PhD, MPH, MEd

Director

BF:mk

#06714

Enclosures

c: Chief Executive Officer
Interim County Counsel
Executive Officer, Board of Supervisors

**DEPARTMENT OF PUBLIC HEALTH
BLACK INFANT HEALTH SERVICES CONTRACT**

Amendment No. ____

THIS AMENDMENT is made and entered into on _____.

by and between COUNTY OF LOS ANGELES
(hereafter "County"),

and CONTRACTOR NAME (hereafter
"Contractor").

WHEREAS, reference is made to that certain document entitled "BLACK INFANT HEALTH SERVICES CONTRACT," dated _____, and further identified as Contract No. PH-00####, and any Amendments thereto (all hereafter "Contract"); and

WHEREAS, on Month XX, 2023, the Board of Supervisors authorized the Director of Public Health, or designee, to execute amendments to the Contract; and

WHEREAS, it is the intent of the parties to amend Contract to increase the maximum obligation of the County to support planning and preparation for expansion of BIH services, and make other hereafter designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, Contractor warrants that it possesses the competence, expertise, and personnel necessary to provide services consistent with the requirements of this Contract; and

WHEREAS, this Contract is funded by State General Funds, and Title XIX Medical Assistance Program Funds, Assistance Listing Number #93.778.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment is hereby incorporated into the original Contract, and all of its terms and conditions, including capitalized terms defined therein, is given full force and effect as if fully set forth herein.

2. This Amendment will be effective upon execution.

3. Exhibit B-#, Scope of Work-Expansion Services, attached hereto and incorporated herein by reference is added to the Contract.

4. Exhibit C-X Budget-Expansion Services, attached hereto and incorporated herein by reference is added to the Contract.

5. Exhibit K, Notice of Federal Subaward Information, attached hereto and incorporated herein by reference is added to the Contract.

6. Paragraph 3, DESCRIPTION OF SERVICES, Subparagraph A, is deleted in its entirety and replaced as follows:

“A. Contractor shall provide services in the manner described in Exhibit A (Statement of Work) and Exhibits B-1, B-2, B-3, B-4, B-5, B-6, B-7, B-8, B-9, and B-10 (Scopes of Work); attached hereto and incorporated herein by reference.”

7. Paragraph 3, DESCRIPTION OF SERVICES, Subparagraph D, is added to read as follows:

“D. Federal Award Information for this Contract is detailed in Exhibit K, Notice of Federal Subaward Information, attached hereto and incorporated herein by reference.”

8. Paragraph 5, MAXIMUM OBLIGATION OF COUNTY, Subparagraph J, is

deleted in its entirety and replaced to read as follows:

“J. For the period of July 1, 2022, through June 30, 2023, the maximum obligation of County for all services provided hereunder shall not exceed AMOUNT (\$), as set forth in Exhibit C-9 and Exhibit C-10, attached hereto and incorporated herein by reference. Of this amount, AMOUNT (\$) is allocated for the period effective date of execution for the period of March 1, 2023, through June 30, 2023, as identified in Exhibit C-10.”

9. Paragraph 16, RECORD RETENTION AND AUDITS, Subparagraph B, is deleted in its entirety and replaced to read as follows:

“B. Financial Records: Contractor shall prepare and maintain on a current basis, complete financial records in accordance with generally accepted accounting principles; written guidelines, standards, and procedures which may from time to time be promulgated by Director; and requirements set forth in the Los Angeles County Auditor-Controller’s Contract Accounting and Administration Handbook. The handbook is available on the internet at:

[AC Contract Accounting and Administration Handbook - June 2021 \(lacounty.gov\)](http://lacounty.gov)

Federally funded Contractors shall adhere to strict fiscal and accounting standards and must comply with Title 2 of the Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and related Office of Management and Budget Guidance.

Such records shall clearly reflect the actual cost of the type of service for

which payment is claimed and shall include, but not be limited to:

(1) Books of original entry which identifies all designated donations, grants, and other revenues, including County, federal, and State revenues and all costs by type of service.

(2) A General Ledger.

(3) A written cost allocation plan which shall include reports, studies, statistical surveys, and all other information Contractor used to identify and allocate indirect costs among Contractor's various services. Indirect Costs shall mean those costs incurred for a common or joint objective which cannot be identified specifically with a particular project or program.

(4) Personnel records which show the percentage of time worked providing service claimed under this Contract. Such records shall be corroborated by payroll timekeeping records, signed by the employee and approved by the employee's supervisor, which show time distribution by programs and the accounting for total work time on a daily basis. This requirement applies to all program personnel, including the person functioning as the executive director of the program, if such executive director provides services claimed under this Contract.

(5) Personnel records which account for the total work time of personnel identified as indirect costs in the approved contract budget. Such records shall be corroborated by payroll timekeeping records signed by the employee and approved by the employee's supervisor. This

requirement applies to all such personnel, including the executive director of the program, if such executive director provides services claimed under this Contract.

The entries in all of the aforementioned accounting and statistical records must be readily traceable to applicable source documentation (e.g., employee timecards, remittance advice, vendor invoices, appointment logs, client/patient ledgers). The client/patient eligibility determination and fees charged to, and collected from clients/patients must also be reflected therein. All financial records shall be retained by Contractor at a location within Los Angeles County during the term of this Contract and for a minimum period of seven years following expiration or earlier termination of this Contract, or until federal, State and/or County audit findings are resolved, whichever is later. During such retention period, all such records shall be made available during normal business hours within 10 calendar days, to authorized representatives of federal, State, or County governments for purposes of inspection and audit. In the event records are located outside Los Angeles County and Contractor is unable to move such records to Los Angeles County, Contractor shall permit such inspection or audit to take place at an agreed to outside location, and Contractor shall pay County for all travel, per diem, and other costs incurred by County for any inspection and audit at such other location. Contractor further agrees to provide such records, when possible, immediately to County by facsimile/FAX, or through the Internet

(i.e. electronic mail ["e-mail"]), upon Director's request. Director's request shall include appropriate County facsimile/FAX number(s) and/or e-mail address(es) for Contractor to provide such records to County. In any event, Contractor agrees to make available the original documents of such FAX and e-mail records when requested by Director for review as described hereinabove."

10. Paragraph 16, TERMINATION FOR NON-ADHERENCE OF COUNTY LOBBYIST ORDINANCE OR RESTRICTIONS ON LOBBYING, is deleted in its entirety and replaced to read as follows:

"16. TERMINATION FOR NON-ADHERENCE OF COUNTY LOBBYIST ORDINANCE OR RESTRICTIONS ON LOBBYING:

A. The Contractor, and each County Lobbyist or County Lobbying firm as defined in County Code Section 2.160.010 retained by Contractor, must fully comply with the County's Lobbyist Ordinance, County Code Chapter 2.160. Failure on the part of Contractor or any County Lobbyist or County Lobbying firm retained by the Contractor to fully comply with the County's Lobbyist Ordinance will constitute a material breach of this Contract, upon which the County may, in its sole discretion, immediately terminate or suspend this Contract.

B. Federal Certification and Disclosure Requirement: Because federal monies are to be used to pay for Contractor's services under this Contract, Contractor shall comply with all certification and disclosure requirements prescribed by Section 319, Public Law 101-121 (Title 31,

U.S.C., Section 1352) and any implementing regulations, and shall ensure that each of its Subcontractors receiving funds provided under this Contract also fully comply with all such certification and disclosure requirements.”

11. Paragraph 18H, CHILD/ELDER ABUSE/FRAUD REPORT, is added to read as follows:

“18H. CHILD/ELDER ABUSE/FRAUD REPORT

A. Contractor's mandated reporting staff working on this Contract that are subject to California Penal Code (PC) Section 11164 et seq. shall comply with the reporting requirements described in PC Section 11164 et seq. and shall report all known or suspected instances of child abuse to an appropriate child protective agency, as mandated by the aforementioned Code sections. Contractor's mandated reporting staff working on this Contract shall make the report on such abuse, and shall submit all required information, in accordance with PC Sections 11166 and 11167.

B. Child abuse reports shall be made by telephone to the Department of Children and Family Services hotline at: (800) 540-4000, within 24 hours of suspicion of instances of child abuse.

C. Contractor's mandated reporting staff working on this Contract that are subject to California Welfare and Institutions Code (WIC), Section 15600 et seq. shall comply with the reporting requirements described in WIC Section 15600 et seq. and shall report all known or

suspected instances of physical abuse of elders and dependent adults either to an appropriate County adult protective services agency or to a local law enforcement agency, as mandated by these code sections.

Contractor's mandated reporting staff working on this Contract shall make the report on such abuse, and shall submit all required information, in accordance with WIC Sections 15630, 15633 and 15633.5.

D. Elder abuse reports shall be made by telephone to the Department of Workforce Development, Aging, and Community Services hotline at: (800) 992-1660 within one business day from the date Contractor became aware of the suspected instance of elder abuse.

E. Contractor staff working on this Contract shall also immediately report all suspected fraud situations to County within three business days to DPSS Central Fraud Reporting Line at: (800) 349-9970 unless otherwise restricted by law from disclosing such information."

12. Paragraph 17C, CONTRACTOR'S EXCLUSION FROM PARTICIPATING IN A FEDERALLY FUNDED PROGRAM, is added to read as follows:

"17C. CONTRACTOR'S EXCLUSION FROM PARTICIPATION IN A FEDERALLY FUNDED PROGRAM:

Contractor hereby warrants that neither it nor any of its staff members is restricted or excluded from providing services under any health care program funded by the federal government, directly or indirectly, in whole or in part, and that Contractor will notify Director within 30 calendar days in writing of: (1) any event that would require Contractor or a staff member's mandatory exclusion from

participation in a federally funded health care program; and, (2) any exclusionary action taken by any agency of the federal government against Contractor or one or more staff members barring it or the staff members from participation in a federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

Contractor shall indemnify and hold County harmless against any and all loss or damage County may suffer arising from any federal exclusion of Contractor or its staff members from such participation in a federally funded health care program.

Failure by Contractor to meet the requirements of this Paragraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Contract.”

13. Paragraph 17D, CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76), is added to read as follows:

“17D. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76): Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible or excluded from securing federally funded contracts. By executing this Contract, Contractor certifies that neither it, nor any of its owners, officers, partners, directors or principals are currently suspended, debarred, ineligible, or excluded from securing federally funded

contracts. Further, by executing this Contract, Contractor certifies that, to its knowledge, none of its Subcontractors, at any tier, or any owner, officer, partner director, or other principal of any Subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of this Contract, should it or any of its Subcontractors or any principals of either being suspended, debarred, ineligible, or excluded from securing federally funded contracts. Failure of Contractor to comply with this provision shall constitute a material breach of this Contract upon which the County may immediately terminate or suspend this Contract.

14. Paragraph 17E WHISTEBLOWER PROTECTIONS, is added to read as follows:

“17E. WHISTLEBLOWER PROTECTIONS:

A. Per federal statute 41 United States Code (U.S.C.) 4712, all employees working for contractors, grantees, Subcontractors, and subgrantees on federal grants and contracts are subject to whistleblower rights, remedies, and protections and may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistleblowing. In addition, whistleblowing protections cannot be waived by any agreement, policy, form, or condition of employment.

B. Whistleblowing is defined as making a disclosure “that the employee reasonably believes” is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal

funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee's disclosure must be made to: a member of Congress, or a representative of a Congressional committee; an Inspector General; the Government Accountability Office; a federal employee responsible for contract or grant oversight or management at the relevant agency; an official from the Department of Justice, or other law enforcement agency; a court or grand jury; or a management official or other employee of the contractor, Subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

C. The National Defense Authorization Act for fiscal year 2013, enacted January 2, 2013, mandates a Pilot Program for Enhancement of Contractor Employee Whistleblower Protections that requires that all grantees, their subgrantees, and Subcontractors inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the pilot program; inform their employees in writing of the employee whistleblower protections under statute 41 U.S.C. 4712 in the predominant native language of the workforce; and include such requirements in any agreement made with a Subcontractor or subgrantee."

15. Paragraph 19, CONSTRUCTION, is deleted in its entirety.

16. Paragraph 30, COMPLIANCE WITH CIVIL RIGHTS LAW, is deleted in its entirety and replaced to read as follows:

“30. COMPLIANCE WITH CIVIL RIGHTS LAW: Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e) (1) through 2000 (e) (17), to the end that no person will, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.

Additionally, Contractor certifies to the County:

1. That Contractor has a written policy statement prohibiting discrimination in all phases of employment.
2. That Contractor periodically conducts a self-analysis or utilization analysis of its work force.
3. That Contractor has a system for determining if its employment practices are discriminatory against protected groups.
4. Where problem areas are identified in employment practices, Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables.

Contractor shall comply with Exhibit D – Contractor’s EEO Certification.”

17. Paragraph 33, CONSIDERATION OF HIRING GAIN/GROW PARTICIPANTS, is deleted in its entirety and replaced to read as follows:

“33. CONSIDERATION OF HIRING GAIN/GROW PARTICIPANTS:

A. Should Contractor require additional or replacement personnel after the effective date of this Contract, Contractor will give consideration for any such employment openings to participants in the County’s Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet Contractor’s minimum qualifications for the open position(s). For this purpose, consideration means that Contractor will interview qualified candidates. The County will refer GAIN/GROW participants by job category to Contractor. Contractor must report all job openings with job requirements to: GAINGROW@DPSS.LACOUNTY.GOV and BSERVICES@WDACS.LACOUNTY.GOV; and DPSS will refer qualified GAIN/GROW job candidates.

B. In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, County employees must be given first priority.”

18. Paragraph 37, COUNTY’S QUALITY ASSURANCE PLAN, is deleted in its entirety and replaced to read as follows:

“37. COUNTY’S QUALITY ASSURANCE PLAN: County or its agent(s) will monitor Contractor's performance under this Contract on not less than an annual basis. Such monitoring will include assessing Contractor's compliance with all Contract terms and performance standards. Contractor deficiencies which County determines are significant, or continuing, and that may place

performance of the Contract in jeopardy if not corrected, will be reported to the Board of Supervisors and listed in the appropriate contractor performance database. The report to the Board will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate this Contract or impose other penalties as specified in this Contract.”

19. Paragraph 45, CONTRACTOR PERFORMANCE DURING CIVIL UNREST OR DISASTER, is deleted in its entirety and replaced to read as follows:

“45. FORCE MAJEURE:

A. Neither party will be liable for such party's failure to perform its obligations under and in accordance with this Contract, if such failure arises out of fires, floods, epidemics, quarantine restrictions, other natural occurrences, strikes, lockouts (other than a lockout by such party or any of such party's subcontractors), freight embargoes, or other similar events to those described above, but in every such case the failure to perform must be totally beyond the control and without any fault or negligence of such party (such events are referred to in this paragraph as "force majeure events").

B. Notwithstanding the foregoing, a default by a subcontractor of contractor will not constitute a force majeure event, unless such default arises out of causes beyond the control of both Contractor and such subcontractor, and without any fault or negligence of either of them. In such case, Contractor will not be liable for failure to perform, unless the

goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit contractor to meet the required performance schedule. As used in this subparagraph, the term “subcontractor” and “subcontractors” mean subcontractors at any tier.

In the event Contractor's failure to perform arises out of a force majeure event, Contractor agrees to use commercially reasonable best efforts to obtain goods or services from other sources, if applicable, and to otherwise mitigate the damages and reduce the delay caused by such force majeure event.”

20. Paragraph 49, NONDISCRIMINATION IN SERVICES, is deleted in its entirety and replaced to read as follows:

“49. NONDISCRIMINATION AND AFFIRMATIVE ACTION:

A. Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and will be treated equally without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable federal and State anti-discrimination laws and regulations.

B. Contractor certifies to the County each of the following:

1. Contractor has a written policy statement prohibiting discrimination in all phases of employment.

2. That Contractor periodically conducts a self-analysis or utilization analysis of its work force.

3. That Contractor has a system for determining if its employment practices are discriminatory against protected groups.

4. Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables.

C. Contractor must take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable federal and State anti-discrimination laws and regulations. Such action must include, but is not limited to: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

D. Contractor certifies and agrees that it will deal with its subcontractors, bidders, or vendors without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation.

E. Contractor certifies and agrees that it, its affiliates, subsidiaries, or holding companies will comply with all applicable federal and State laws and regulations to the end that no person will, on the grounds of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, be

excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.

F. Contractor will allow County representatives access to Contractor's employment records during regular business hours to verify compliance with the provisions of this Paragraph (Nondiscrimination and Affirmative Action) when so requested by the County.

G. If the County finds that any provisions of this Paragraph (Nondiscrimination and Affirmative Action) have been violated, such violation will constitute a material breach of this Contract upon which the County may terminate or suspend this Contract. While the County reserves the right to determine independently that the anti-discrimination provisions of this Contract have been violated, in addition, a determination by the California Fair Employment and Housing Commission or the Federal Equal Employment Opportunity Commission that the contractor has violated Federal or State anti-discrimination laws or regulations will constitute a finding by the County that the contractor has violated the anti-discrimination provisions of this Contract.

H. The parties agree that in the event Contractor violates any of the anti-discrimination provisions of this Contract, the County will, at its sole option, be entitled to the sum of five hundred dollars (\$500) for each such violation pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating or suspending this Contract."

21. Paragraph 50, NONDISCRIMINATION IN EMPLOYMENT, is deleted in its entirety.

22. Paragraph 66, SOLICITATION OF BIDS OR PROPOSALS, is deleted in its entirety and replaced to read as follows:

“66. PROHIBITION FROM PARTICIPATION IN FUTURE SOLICITATION(S): A Proposer, or a Contractor or its subsidiary or Subcontractor ("Proposer/Contractor"), is prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has provided advice or consultation for the solicitation. A Proposer/Contractor is also prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has developed or prepared any of the solicitation materials on behalf of the County. A violation of this provision will result in the disqualification of the Contractor/Proposer from participation in the County solicitation or the termination or cancellation of any resultant County contract. This provision will survive the expiration, or other termination of this Agreement.”

23. Paragraph 68, TERMINATION FOR DEFAULT, is deleted in its entirety and replaced to read as follows:

“68. TERMINATION FOR DEFAULT: The County may, by written notice to Contractor, terminate the whole or any part of this Contract, if, in the judgement of County’s Project Director:

A. Contractor has materially breached this Contract; or

B. Contractor fails to timely provide and/or satisfactorily perform any task, deliverable, service, or other work required either under this Contract; or

C. Contractor fails to demonstrate a high probability of timely fulfillment of performance requirements under this Contract, or of any obligations of this Contract and in either case, fails to demonstrate convincing progress toward a cure within five working days (or such longer period as the County may authorize in writing) after receipt of written notice from the County specifying such failure.

In the event that the County terminates this Contract in whole or in part as provided hereinabove, the County may procure, upon such terms and in such manner as the County may deem appropriate, goods and services similar to those so terminated. Contractor will be liable to the County, for such similar goods and services. Contractor will continue the performance of this Contract to the extent not terminated under the provisions of this paragraph.

Except with respect to defaults of any subcontractor, Contractor will not be liable for any such excess costs of the type identified in Paragraph 8.43.2 if its failure to perform this Contract arises out of causes beyond the control and without the fault or negligence of Contractor. Such causes may include, but are not limited to: acts of God or of the public enemy, acts of the County in either its sovereign or contractual capacity, acts of federal or State governments in their sovereign capacities, fires, floods,

epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of the contractor. If the failure to perform is caused by the default of a subcontractor, and if such default arises out of causes beyond the control of both Contractor and any subcontractor, and without the fault or negligence of either of them, the contractor will not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. As used in this paragraph, the term "subcontractor(s)" means subcontractor(s) at any tier.

If, after the County has given notice of termination under the provisions of this paragraph, it is determined by the County that Contractor was not in default under the provisions of this paragraph or that the default was excusable under the provisions hereinabove, the rights and obligations of the parties will be the same as if the notice of termination had been issued pursuant to the Paragraph entitled TERMINATION FOR CONVENIENCE, herein.

The rights and remedies of County provided in this Paragraph will not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.”

24. Paragraph 69, TERMINATION FOR GRATUITIES AND/OR IMPROPER CONSIDERATION, is deleted in its entirety and replaced to read as follows:

“69. TERMINATION FOR IMPROPER CONSIDERATION: County may, by written notice to Contractor, immediately terminate Contractor's right to proceed under this Contract, if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent, with the intent of securing this Contract or securing favorable treatment with respect to the award, amendment, or extension this Contract, or making of any determinations with respect to the Contractor's performance pursuant to this Contract. In the event of such termination, the County will be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

Contractor must immediately report any attempt by a County officer or employee to solicit such improper consideration. The report must be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at: (800) 544-6861.

Among other items, such improper considerations may take the form of cash, discounts, services, the provision of travel or entertainment, or other tangible gifts.”

25. Paragraph 74, UNLAWFUL SOLICITATION, is deleted in its entirety.

26. Paragraph 81, DATA ENCRYPTION, is deleted in its entirety.

27. Paragraph 82, COMPLIANCE WITH FAIR CHANCE EMPLOYMENT PRACTICES, is deleted in its entirety and replaced to read as follows:

“82. COMPLIANCE WITH FAIR CHANCE EMPLOYMENT

PRACTICES: Contractor, and any subcontractors, must comply with fair chance employment hiring practices set forth in California Government Code Section 12952. Contractor’s violation of this Paragraph of this Contract may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, terminate this Contract.”

28. Paragraph 86, INJURY AND ILLNESS PREVENTION PROGRAM, is added to read as follows:

“86. INJURY AND ILLNESS PREVENTION PROGRAM:

Contractor will be required to comply with the State of California’s Cal OSHA’s regulations. California Code of Regulations Title 8 Section 3203 requires all California employers to have a written, effective Injury and Illness Prevention Program (IIPP) that addresses hazards pertaining to the particular workplace covered by the program.”

29. Except for the changes set forth hereinabove, Contract shall not be changed in any other respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Director of Public Health, or designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

Contractor

By _____
Signature

Printed Name

Title _____

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
DAWYN HARRISON
Interim County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By _____
Contracts and Grants Division Management

#06714:mk

BIH Scope of Work (EXPANSION 2022-23) Description

The Scope of Work (SOW) is a very important document because it contains the deliverables of the contract for which the Contractor is responsible. The SOW functions as a master plan for the program. Contractors should become intensely familiar with the SOW to establish, maintain, and implement a thriving BIH Program. Contractors are encouraged to be creative in the development of their program, which may result in the creation of additional goals and objectives not described herein.

The SOW contains broad statements that describe the objectives of the program, activities that will lead to achieving the objectives, a timeline for accomplishing activities, and methods of evaluation that determine and measure a Contractor's success in establishing a BIH Program. The SOW is organized with the goals at the top, the measurable objectives in the first column, the implementation activities in the second column, the timeline in the third column, and the methods of evaluation in the fourth column. The implementation activities, timeline, and methods of evaluation all support the measurable objective.

- ❖ **Goals** – A description of the desired outcomes of the program.
- ❖ **Measurable Objectives** – The process and outcome activities (stated in measurable terms) by which the goals will be accomplished.
- ❖ **Implementation Activities** – The essential actions/steps needed to achieve the objectives.
- ❖ **Timeline** – The due date(s) to accomplish each implementation activity.
- ❖ **Method(s) of Evaluation** – A description of how the objective will be documented to determine successful achievement of the objective.

The BIH staff and subcontractor(s)/consultant(s) implementing program services are instrumental in managing the SOW objectives and are responsible for the performance of the implementation activities. The SOW is a part of the final contract with the Department of Public Health and will be monitored for compliance.

The term 'Program Fidelity' is used within the document, and it refers to how well an intervention is implemented in comparison with the original program design. Fidelity criteria are necessary to maintain the original program design, and to ensure the program services being implemented are the same across sites. Consequently, **the Contractor must ensure all staff and subcontractor(s)/consultant(s) performing BIH services receive a copy of the SOW and become thoroughly familiar with its content.**

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

Goals

- Empower African American women, build resilience and reduce stress
- Promote healthy behaviors to support health, wellness, and relationships
- Promote healthy relationships and enhance bonding and parenting skills
- Connect women with medical, social, economic, and mental health services
- Engage African American communities to raise awareness and mobilize community action to support BIH efforts and improve conditions for African American women and their families

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>1.1 The Contractor will maintain qualified staff to conduct a community-based Black Infant Health (BIH) Program that is relevant to African American women, culturally competent and honors the unique history/traditions of people of African American descent.</p> <p>BIH Fidelity Core Element</p> <ul style="list-style-type: none"> ➤ Are efforts made to continually ensure quality staffing of the BIH program? <p>A working definition of cultural competence is... <i>"Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."</i></p>	<p>1.1a Maintain culturally competent staff to perform program services. The staff must possess knowledge, understanding and respect for the values and beliefs of the African American community, and support the BIH governing concepts of: culturally relevant; participant-centered; strength-based; cognitive skill-building.</p> <p>Staff REQUIRED to perform BIH services:</p> <p>Family Health Advocate (FHA) (1.0 FTE) - One (1) staff are responsible for the case management services which includes and is not limited to: ensuring participants complete the Character Strengths Survey; participating in case conference activities; assisting participants to create goals and develop their Life Plan; initiating follow-up assessments; maintaining consistent contact with participants; promoting tobacco cessation; making appropriate referrals; providing support for group sessions.</p>	<p>03/01/23 – 06/30/23</p> <p>Hire within 3 months of vacancy</p>	<p>1.1a Maintain on file for each position: current job description; recruitment ad/bulletin/flyer(s); employment applications; documentation of the position minimum requirements and supporting credentials (e.g., I9 Employment Eligibility; diploma/certification/official transcript; a valid CA driver license and auto insurance that remains current while performing program tasks/activities etc.).</p> <p>Position Minimum Requirements</p> <p>FHA – Minimum of a Bachelor's Degree in one of the following fields: a) women/maternal, child/infant health, b) social work, c) health education, or d) human services; three (3) years of experience providing direct services to the target population; socio-cultural experience(s) compatible for the target population; excellent oral and written communications; interpersonal skills; critical thinking and problem-solving skills.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.1 The Contractor will ensure the Fiscal Manager (FM) and all BIH staff and subcontractor(s) performing program implementation activities are trained on the State-mandated Federal Financial Participation (FFP) Program and the Public Health Automated Time Study procedures.	2.1a The staff/subcontractor(s)/FM will attend the State FFP Program / Public Health Automated Time Study training(s).	As scheduled	2.1a Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.1b Contractor will use the State and Public Health training materials to train new staff/subcontractor(s)/FM about the FFP Program and Automated Time Study procedures within the first two (2) weeks of their employment.	As needed	2.1b Maintain on file current copies of the State and Public Health training materials. Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.1c As required by Public Health staff/subcontractor(s) will complete quarterly time study forms July and October 2022, and January and April 2023. Original (signed in blue ink) forms and a staffing roster will be delivered (overnight mail or hand delivery) to Public Health no later than the 5 th workday of the following month.	02/07/23 05/05/23	2.1c Maintain on file copies of mail/delivery receipts.
	2.1d Public Health will review original Time Study forms and return forms to the Contractor for correction. Staff/subcontractor(s) will correct and resubmit forms to Public Health no later than seven (7) calendar days from receipt.	02/21/23 – 06/30/23	2.1d Maintain on file copies of corrected quarterly time studies and delivery receipts.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.2 The Contractor will ensure all BIH staff/subcontractor(s) performing program implementation activities are trained on the State-mandated Recruitment Procedures, Group Interventions, Case Management Services and BIH ETO System.</p> <p><i>Public Health will coordinate core intervention training with the State BIH Program Office.</i></p>	<p>2.2a Staff/subcontractor(s) will attend State BIH recruitment, group interventions, case Management and BIH ETO trainings.</p> <p>2.2b Contractor will use the State BIH recruitment strategy, group curriculums, case management protocol and ETO guidelines to train new staff/subcontractor(s) to implement a recruitment strategy, facilitate the group interventions, perform case management services and use the BIH ETO System.</p> <p>The PS will develop a training schedule for each new hire within the first two (2) weeks of employment to ensure staff/subcontractor(s) are consistently acclimated to BIH Program services/job duties and responsibilities.</p> <p>The PS will submit the training schedule to Public Health for review and complete training with new staff/subcontractor(s) within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>As needed</p>	<p>2.2a Maintain training certificate/documentation in staff/subcontractor(s) personnel files.</p> <p>2.2b Maintain on file current copies of the State BIH group curriculums, case management protocol, ETO guidelines, recruitment procedures and Public Health Acknowledgment of Receipt. Maintain training certificate/documentation in staff/subcontractor(s) personnel files.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.3 The Contractor will ensure all BIH staff/subcontractor(s) performing program implementation activities attend or receive appropriate staff development/training. <i>Public Health will coordinate SIDS and Safe Sleep for Infants Training and Immunizations Training.</i>	2.3a Contractor will ensure staff/subcontractor(s) receive on-going training on perinatal health subjects (e.g., stages of pregnancy; effects of drugs, alcohol and tobacco on pregnancy; postpartum depression; family planning; child safety; nutrition and physical activity; etc.) and other topics (e.g., time management; self-care; intimate partner violence; active listening; basic counseling skills; etc.) that will improve their knowledge, skills and ability to perform program services competently with participants.	As scheduled	2.3a Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3b Staff/subcontractor(s) will attend the Public Health SIDS and Safe Sleep Training.	As scheduled	2.3b Maintain on file current Public Health SIDS and Safe Sleep training materials. Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3c The PS will review the SIDS and Safe Sleep Education Form to ensure the form is suitable for documenting one-on-one health education with participants and that FHAs are adept at using the form. Submit form to Public Health for review and approval.	As needed	2.3c Maintain Public Health approval on file.
	2.3d During case management, FHAs will educate participants about SIDS and Safe Sleep at the following intervals: during a home visit within two (2) weeks of the infant's birth; when the infant is 8 months old.	03/01/23 – 06/30/23	2.3d Maintain an up-to-date/completed SIDS and Safe Sleep Education Form in the participant's file. During the Annual Program Review participant records will be reviewed for compliance.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	At each interval, a FHA will observe the infant's sleeping area and sleeping position to provide the mother/parents/other caregivers appropriate feedback to reinforce SIDS and Safe Sleep messages, and will document the observations on the participant's SIDS and Safe Sleep Education Form.		
	2.3e Contractor will use the Public Health SIDS and Safe Sleep training materials to train new staff/subcontractor(s). Contractor will complete training within the first sixty (60) days of their employment.	As needed	2.3e Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3f Staff/subcontractor(s) will attend the Public Health Immunizations Training.	As scheduled	2.3f Maintain on file a current Public Health Immunization Manual (training binder). Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3g Contractor will use the Public Health Immunization Manual to train new staff/subcontractor(s) about the importance of immunizations. Contractor will complete training within the first sixty (60) days of their employment.	As needed	2.3g Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3h Staff/subcontractor(s) will attend Public Health Tobacco Education Training to gain knowledge about the impact of tobacco use/exposure during the perinatal period.	As scheduled	2.3h Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3i Staff will attend other State and Public Health required/sponsored training.	As scheduled	2.3i Maintain training certificate/documentation in staff/subcontractor(s) personnel files.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>2.3j The FHAs will use the BIH Case Management FHA Self-Assessment Tool for one (1) workweek each quarter to evaluate their case management skills.</p> <p>2.3k In conjunction with the FHA completing the FHA Self-Assessment Tool, the PS will complete the BIH Case Management FHA Supervision Tool to support staff development.</p>	<p>By 03/15/23 By 06/15/23</p> <p>By 03/30/23 By 06/30/23</p>	<p>2.3j Maintain on file completed FHA Case Management Self-Assessment Tools for each FHA.</p> <p>2.3k Maintain on file completed Supervision Tools that correlate with completed FHA Case Management Self-Assessment Tools.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>3.1 The Contractor will increase awareness about African American birth outcomes and BIH Program services by conducting community engagement activities in the target areas.</p> <p>TARGETED SERVICE PLANNING AREA</p> <p>SPA 1</p> <p><i>All flyers/educational materials purchased with BIH funding must have the State BIH logo and include a funding tag line that reads: "Funded by the California Department of Public Health and the Los Angeles County Department of Public Health."</i></p> <p>BIH Fidelity Core Element</p> <ul style="list-style-type: none"> ➤ Are efforts made to establish and maintain community linkages? 	<p>3.1a The PS and COL will review the Recruitment Plan (RP) to ensure it is sufficient for establishing linkages and engagement with African American communities in SPA 1. Submit a RP bi-annually to Public Health for review and approval.</p> <p>At a minimum include in the RP: 1) a description of the way community engagement will be conducted within the target areas including guidelines for staff to conduct street/provider/media outreach to recruit eligible women into groups; 2) an elevator speech that contains standardized messages about adverse health outcomes for African American women and babies, a narrative about BIH's emphasis to empower black women and a program description that will attract women to enroll; 3) a policy to follow-up referrals within 48 hours, and making three attempts to contact; 4) a policy to distribute culturally appropriate program brochures, flyers and educational materials; 6) a policy to develop and maintain an up-to-date resource directory/file for staff use; 7) a policy to use the BIH Recruitment Form and the Recruitment Form for Referring Partners.</p> <p>3.1b The COL will implement the RP, enroll African American women in the BIH Recruitment Program and create a participant record (paper/electronic).</p>	<p>02/01/23</p> <p>03/01/23 – 06/30/23</p>	<p>3.1a Maintain on file a Recruitment Plan Binder that contains the Recruitment Plan and Public Health approval.</p> <p>3.1b Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure Recruitment Program standards are progressing/achieved.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>3.1c Contractor will ensure/solicit a cross-section of 9-12 community members to serve as BIH Community Council (BCC) members. (BIH staff cannot be included in this count.)</p> <p>3.1d Conduct quarterly (minimum) BCC meetings to obtain input and support for program activities, and to work collaboratively to improve African American birth outcomes and family health in the target areas.</p> <p>3.1e Contractor will create informal and formal partnerships with other programs, agencies and entities to support BIH participants/program services.</p> <p>3.1f Schedule and participate in community engagement activities (e.g., collaborative meetings; community events; etc.) that benefit the target areas.</p> <p>Document the staff/subcontractor(s) participating in the activity, the address where the activity takes place and if appropriate, record community participation via sign-in/attendance sheets by obtaining original signatures <u>with</u> contact information (phone number <i>or</i> email address <i>or</i> work/home address including zip code).</p>	<p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p>	<p>3.1c Maintain in the Recruitment Plan Binder, a current BCC roster with contact information (name, organizational affiliation, title, address, phone number) for each council member.</p> <p>3.1d Maintain in the Recruitment Plan Binder, BCC meeting notices, agendas and minutes.</p> <p>3.1e Maintain on file in the Recruitment Plan Binder, descriptions of informal partnerships and current (within the past two fiscal years) Memorandums of Agreement for formal partnerships.</p> <p>3.1f Maintain on file in the Recruitment Plan Binder (by month/year), a description of the community engagement activity/event including required documentation.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.1 The Contractor will conduct Case Management Only (CMO) services with 55 participants (pregnant and postpartum up to 6 months.)</p> <p>BIH Fidelity Core Elements</p> <ul style="list-style-type: none"> ➤ Do participants meet eligibility requirements? ➤ Does staff follow enrollment guidelines? ➤ Do participants participate in the full intervention? ➤ Are efforts made to continue working on quality assurance? 	<p>4.1a The MHS will review the written standardized In-take Procedure and make necessary updates to program/services information. Submit the In-take Procedure to Public Health for review.</p> <p>4.1b The DEA will enroll eligible African American women into the BIH Services Program.</p> <p>Participant records (paper/electronic) must be arranged/maintained in identical order, contain completed required forms and clearly show regular and consistent interaction with participants. The Contractor must use record-keeping systems that maintain participant information/data <u>confidentially and securely</u>.</p> <p>4.1c With guidance from the State BIH Program Office, Contractor will develop Performance Enhancement Plans (PEP) and participate in PEP conference calls with the BIH County Coordinator and the State.</p> <p>Additionally, Contractor will conduct a mid-year <i>Participant Satisfaction Survey</i> to obtain feedback about their experiences receiving BIH Program services. Contractor will develop an action plan to implement new strategies that address participants' expectations and concerns. Submit the action plan to Public Health for review.</p>	<p>As needed</p> <p>03/01/23 – 06/30/23</p> <p>As required</p> <p>02/01/23</p>	<p>4.1a Maintain on file an up-to-date In-take Procedure and Public Health Acknowledgment of Receipt.</p> <p>4.1b Maintain on file up-to-date participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure the established Services Program Standards are achieved.</p> <p>4.1c Maintain on file completed PEPs, Public Health feedback, and Public Health Acknowledgment of Receipt.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.2 The Contractor will provide CMO services for participants that are not enrolled in Group Model/Life Planning.</p> <p>BIH Fidelity Core Elements</p> <ul style="list-style-type: none"> ➤ Does case management meet structural standards? ➤ Does case management meet quality of delivery standards? 	<p>4.2a The MHS will conduct an initial assessment with all new participants and complete required forms. The purpose of the assessment is used to identify the participant's strengths and their needs. In collaboration with the PS, the new participant will be assigned to a FHA.</p> <p>4.2b The FHAs will work collaboratively with participants to assist them to create a Life Plan. The intent of the Life Plan is to help the participants create personal goals that include specific activities/steps for reaching their goals.</p> <p>4.2c FHAs will conduct case management services with participants.</p> <p>Case management services include but are not limited to: ensuring participants have prenatal care; distributing health education literature; conducting one-on-one tobacco education and providing support and referrals to participants that smoke; making sure participants have health insurance; developing and updating the Life Plan; writing progress notes; conducting home visits; participating in case conferences; completing ETO forms; distributing support materials; coaching participants in-home to complete a safety checklist; assisting participants to create their Birth Plan and Life Plan.</p> <p>4.2d Staff/subcontractor(s) will provide participants with appropriate referrals that help expand and</p>	<p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p>	<p>4.2a Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p> <p>4.2b Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p> <p>4.2c Maintain on file participant records (paper/electronic) that document the delivery of case management services. At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p> <p>4.2d Maintain on file participant records (paper/electronic) that document the referrals</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	strengthen the participant's support system. Document the referrals and follow-up with participants to determine if services are accessed.		given to each participant. At the Annual Program Review, participant records will be reviewed.
	4.2e Staff/subcontractor(s) will refer the BIH participant's husband/partner to resources for fathers, including tobacco cessation resources. As applicable, document the father's referral(s) in the participant's file. Staff/subcontractor(s) will document the fathers' referral(s) in the same location in all participant files.	03/01/23 – 06/30/23	4.2e Maintain on file participant records (paper/electronic) that document the father's referral(s). At the Annual Program Review, participant records will be reviewed.
	4.2f Staff/subcontractor(s) will refer participants who use illicit drugs, alcohol and/or tobacco products to appropriate treatment programs. FHAs will monitor the participant's effort to eliminate/reduce the risky behavior, provide positive reinforcement to encourage the participant and supply the participant with appropriate health education literature. Document the referrals and follow-up with participants to determine if services are accessed.	03/01/23 – 06/30/23	4.2f Maintain on file participant records (paper/electronic) that document the referral(s) given to affected participants. At the Annual Program Review, participant records will be reviewed.
	4.2g Contractor will conduct quarterly participant-centered program activities (e.g., workshop; event; etc.) that address one of the following	By 02/15/23 By 05/15/23	4.2g Maintain on file by month/year Public Health Acknowledgement of Receipt, activity plans and documentation that identifies the staff

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
4.3 The Contractor will ensure BIH participants have access to mental health resources.	<p>subjects: a) personal development; b) family-strengthening; c) mental health; d) physical health.</p> <p>Contractor will submit an activity plan (including activity costs) to Public Health for review 45 days (minimum) prior to the event.</p>		<p>that participated in the activity, the address where the activity was held, an activity flyer, pictures of the activity and participant sign-in sheets.</p>
	<p>4.3a The MHS will assess the participants' EPDS and make an appropriate mental health service recommendation/referral.</p> <p>4.3b The MHS will conduct short-term basic counseling services and document the participant's file for participants who report/present MILD cases of: non-coping responses to life events; persistent family discord; continual experiences of loss.</p>	<p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p>	<p>4.3a Maintain on file participant records (paper/electronic) that document the mental health referral(s) given to affected participants. At the Annual Program Review, participant records will be reviewed.</p> <p>4.3b Maintain on file participant records (paper/electronic) that document the mental health basic counseling services provided to affected participants. At the Annual Program Review, participant records will be reviewed.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
5.1 The Contractor will use the BIH ETO System and enter all participant data for evaluation purposes. <i>Public Health will provide a format for the monthly Invoice and Program Narrative/Data Report. The Contractor is responsible for submitting program information in the format required by Public Health.</i>	5.1a Contractor will install all necessary computer equipment and software to meet State BIH specifications.	As needed	5.1a At the BIH Program site, computer equipment and software is installed and meet the required State specifications.
	5.1b The DEA/other staff/subcontractor(s) will enter, update and maintain participant data in the BIH ETO System.	03/01/23 – 06/30/23	5.1b At the Annual Program Review, data entered in BIH ETO will be reviewed and compared to data collected from the participant (paper record) to ensure accuracy and completeness.
	5.1c As specified by Public Health, no later than the 15 th of the month Contractor will submit the monthly Program Narrative/Data Report and monthly Invoice (Reimbursement Claim).	03/01/23 – 06/30/23	5.1c At the time of the Annual Program Review, the Public Health BIH Contractor's Quarterly Invoice Log and Quarterly Program Narrative/Data Report Log will be reviewed.
6.1 Throughout the term of this agreement, maintain excellent communication and program coordination with Public Health, the State BIH Program Office and other stakeholders to maximize program effectiveness and to ensure fidelity in the BIH Program.	6.1a Attend the monthly Public Health BIH Team Meeting and host a meeting in rotation.	03/01/23 – 06/30/23	6.1a Meeting sign-in sheets.
	6.1b Attend and participate in Public Health and State BIH meetings (State BIH Annual Meeting; role specific conference calls; role specific training; focus groups; etc.).	03/01/23 – 06/30/23	6.1b Meeting sign-in sheets, roll call, documentation of travel.

BIH Scope of Work (EXPANSION 2022-23) Description

The Scope of Work (SOW) is a very important part of the agreement because it contains the deliverables of the contract for which the City of Pasadena Black Infant Health Program (CPBIH) is responsible. The SOW functions as a master plan for the program. CPBIH should become intensely familiar with the SOW to establish, maintain, and implement a thriving BIH Program. CPBIH is encouraged to be creative in the development of their program, which may result in the creation of additional goals and objectives not described herein.

The SOW contains broad statements that describe the objectives of the program, activities that will lead to achieving the objectives, a timeline for accomplishing activities, and methods of evaluation that determine/measure CPBIH's success in implementing a BIH Program. The SOW is organized with the goals at the top, the measurable objectives in the first column, the implementation activities in the second column, the timeline in the third column, and the methods of evaluation in the fourth column. The implementation activities, timeline, and methods of evaluation all support the measurable objective.

- ❖ **Goals** – A description of the desired outcomes of the program.
- ❖ **Measurable Objectives** – The process and outcome activities (stated in measurable terms) by which the goals will be accomplished.
- ❖ **Implementation Activities** – The essential actions/steps needed to achieve the objectives.
- ❖ **Timeline** – The due date(s) to accomplish each implementation activity.
- ❖ **Method(s) of Evaluation** – A description of how the objective will be documented to determine successful achievement of the objective.

The CPBIH staff implementing program services is instrumental in managing the SOW objectives and are responsible for the performance of the implementation activities. The SOW becomes a part of the final contract with the Los Angeles County Department of Public Health and will be monitored for compliance.

The term 'Program Fidelity' is used within the document, and it refers to how well an intervention is implemented in comparison with the original program design. Fidelity criteria are necessary to maintain the original program design, and to ensure the program services are being implemented the same across sites. Consequently, CPBIH must ensure all staff performing BIH services receives a copy of the SOW and becomes thoroughly familiar with its content.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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Goals

- Empower women, build resilience, and reduce stress
- Promote healthy behaviors to support health, wellness and relationships
- Promote healthy relationships and enhance bonding and parenting skills
- Connect women with medical, social, economic, and mental health services
- Engage communities to raise community awareness and mobilize community action to support BIH efforts and improve conditions for African American women and their families

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>1.1 The Contractor will have qualified staff to conduct a community-based Black Infant Health Program (BIH) that is relevant to African American women, culturally competent and honors the unique history/traditions of people of African American descent.</p> <p>BIH Fidelity Core Element</p> <ul style="list-style-type: none"> ➤ Are efforts made to continually ensure quality staffing of the BIH program? <p>A working definition of cultural competence is... <i>“Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”</i></p>	<p>1.1a Maintain culturally competent staff to perform program services. The staff must possess knowledge, understanding and respect for the values and beliefs of the African American community, and support the BIH governing concepts of culturally relevant; participant-centered; strength-based; cognitive skill-building.</p> <p align="center">Staff REQUIRED to perform BIH services:</p> <p>Group Facilitator / Family Health Advocate (GFFHA) (1.0 FTE)– This staff person is responsible for participant enrollment activities which includes and is not limited to: program orientation; obtaining consent; initiating follow-up assessments; co-facilitating the Prenatal Group intervention; creating the Group Intervention Schedule (GIS); ensuring participants complete the VIA Character Strengths Survey; assisting participants to develop their Life Plan; initiating follow-up assessments; maintaining consistent contact with participants; promoting tobacco cessation; making appropriate referrals; participating in case conferences; recruiting participants.</p>	<p>Date of 03/01/23 – 06/30/23</p> <p>Hire within 60 days of vacancy</p>	<p>1.1a Maintain on file for each position: current job description; recruitment ad/bulletin/flyer; employment applications; documentation of the position minimum requirements and other supporting credentials (e.g., I9 Employment Eligibility; diploma/degree; a valid CA driver license and auto insurance that remains current while performing program tasks/activities etc.).</p> <p align="center"><u>Position Minimum Requirements</u></p> <p>GFFHA - Minimum of a Bachelor’s Degree in one of the following fields: a) women/maternal, child/infant health, b) social work, c) health education, or d) African American Studies; three (3) years of experience providing direct services to the target population; socio-cultural experience(s) compatible for the target population; excellent oral and written communications; interpersonal skills; critical thinking and problem-solving skills.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.1 The Contractor will ensure the Fiscal Manager (FM) and all BIH staff performing program implementation activities are trained on the State-mandated Federal Financial Participation (FFP) Program and the Public Health Automated Time Study procedures.	2.1a The staff and FM will attend Public Health Automated Time Study training.	As scheduled	2.1a Maintain training certificate/documentation in staff personnel files.
	2.1b Contractor will use the State and Public Health training materials to train the FM and staff about the FFP Program and Automated Time Study procedures within the first two (2) weeks of their employment.	As needed	2.1b Maintain on file current copies of the State and Public Health training materials. Maintain training certificate/documentation in staff personnel files.
	2.1c As required by Public Health, staff will complete quarterly time study forms July and October 2022, and January and April 2023. Original (signed in blue ink) forms and a staffing roster will be delivered (overnight mail delivery or hand delivery) to Public Health no later than the 5 th workday of the following month.	02/07/23 05/05/23	2.1c Maintain on file copies of delivery receipts.
	2.1d Public Health will review original Time Study forms and return forms to Contractor for correction. Staff will correct and resubmit forms to Public Health no later than seven (7) calendar days from receipt.	02/21/23 – 06/30/23	2.1d Maintain on file copies of corrected quarterly time studies and delivery receipts.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.2 The Contractor will ensure all BIH staff performing program implementation activities are trained on the State-mandated Recruitment Procedures, Group Interventions, Case Management Services, BIH ETO System.</p> <p><i>Public Health will coordinate core intervention training with the State BIH Program Office.</i></p>	<p>2.2a Staff will attend the State BIH recruitment, Group interventions, case management and BIH ETO trainings.</p> <p>2.2b Contractor will use the State BIH recruitment strategy, group curriculums, case management protocol and ETO guidelines to train new staff to implement a recruitment strategy, facilitate the group interventions, perform case management services and use the BIH ETO System.</p> <p>The PS will develop a training schedule for each new hire within the first two (2) weeks of employment to ensure staff is consistently acclimated to BIH Program services/job duties and responsibilities.</p> <p>The PS will submit the training schedule to Public Health for review and complete training with new staff within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>As needed</p>	<p>2.2a Maintain training certificate/documentation in staff personnel files.</p> <p>2.2b Maintain on file current copies of the State BIH group curriculums, case management protocol ETO guidelines recruitment procedures and Public Health Acknowledgment of Receipt. Maintain training certificate/documentation in staff personnel files.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.3 The Contractor will ensure all BIH staff performing program implementation activities attend or receive appropriate staff development/training. <i>Public Health will coordinate SIDS and Safe Sleep for Infants Training.</i>	2.3a Contractor will ensure staff receives on-going training on perinatal health subjects (e.g., stages of pregnancy; effects of drug, alcohol and tobacco on pregnancy; postpartum depression; family planning; child safety; nutrition and physical activity; etc.) and other topics (e.g., time management; self-care; intimate partner violence; active listening; basic counseling skills; etc.) that will improve their knowledge, skills and ability to perform program services competently with participants.	As scheduled	2.3a Maintain training certificate/documentation in staff personnel files.
	2.3b Staff will attend the Public Health SIDS and Safe Sleep Training.	As scheduled	2.3b Maintain on file current Public Health SIDS and Safe Sleep training materials. Maintain training certificate/documentation in staff personnel files.
	2.3c The PS will review the SIDS and Safe Sleep Education Form to ensure the form is suitable for documenting one-on-one health education with participants. Submit updated form to Public Health for review and approval.	As needed	2.3c Maintain Public Health approval on file.
	2.3d During case management, the staff will educate participants about SIDS and Safe Sleep at the following intervals: during a home visit within two (2) weeks of the infant's birth; when the infant is 8 months old.	03/01/23–06/30/23	2.3d Maintain an up-to-date/completed SIDS and Safe Sleep Education Form in the participant's file. During the Annual Program Review participant records will be reviewed for compliance.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	At each interval, the staff will observe the infant's sleeping area and sleeping position to provide the mother/parents/other caregivers appropriate feedback to reinforce SIDS and Safe Sleep messages and will document the observations on the participant's SIDS and Safe Sleep Education form.		
	2.3e Contractor will use the Public Health SIDS and Safe Sleep training materials to train new staff. Contractor will complete training within the first sixty (60) days of their employment.	As needed	2.3e Maintain training certificate/documentation in staff personnel files.
	2.3f Staff will attend the Public Health Immunizations Training.	As scheduled	2.3f Maintain on file a current Public Health Immunization Manual (training binder). Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3g Contractor will use the Public Health Immunization Manual to train new staff/subcontractor(s) about the importance of immunizations. Contractor will complete training within the first sixty (60) days of their employment.	As needed	2.3g Maintain training certificate/documentation in staff personnel files.
	2.3h Staff will attend Public Health Tobacco Education Training to gain knowledge about the impact of tobacco use/exposure during the perinatal period.	As scheduled	2.3h Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3i Staff will attend other State and Public Health required/sponsored training.	As scheduled	2.3i Maintain training certificate/documentation in staff/subcontractor(s) personnel files.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>3.1 The Contractor will increase awareness about African American birth outcomes and BIH Program services by conducting community engagement activities in the target area.</p> <p>TARGETED SERVICE AREA</p> <p>SPA 3</p> <p><i>All flyers/educational materials purchased with BIH funding must have the State BIH logo and include a funding tag line that reads: "Funded by the California Department of Public Health and the Los Angeles County Department of Public Health."</i></p> <p>BIH Fidelity Core Element</p> <ul style="list-style-type: none"> ➤ Are efforts made to establish and maintain community linkages? 	<p>2.3j The GFFHA will use the BIH Case Management FHA Self-Assessment Tool for one (1) workweek each quarter to evaluate their case management skills.</p> <p>2.3k In conjunction with the GFFHA completing the FHA Self-Assessment Tool, the PS will complete the BIH Case Management FHA Supervision Tool to support staff development.</p> <p>3.1a The PS and GFFHAS will review the Recruitment Plan (RP) to ensure it is sufficient for establishing linkages and engagement with the African American community in the target area. Submit a RP bi-annually to Public Health for review and approval.</p> <p>At a minimum, include in the RP: 1) a description of the way community engagement will be conducted within the target area including guidelines for staff to conduct street/provider/media outreach to recruit eligible women into groups; 2) an elevator speech that contains standardized messages about adverse health outcomes for African American women and babies, a narrative about BIH's emphasis to empower black women and a program description that will attract women to enroll; 3) a policy to</p>	<p>By 03/15/23 By 06/15/23</p> <p>By 03/30/23 By 06/30/23</p> <p>02/01/23</p>	<p>2.3j Maintain on file completed FHA Case Management Self-Assessment Tools for the GFFHA.</p> <p>2.3k Maintain on file completed Supervision Tools that correlate with completed FHA Case Management Self-Assessment Tools.</p> <p>3.1a Maintain on file a Recruitment Plan Binder that contains the Recruitment Plans and Public Health approvals by month/year.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>follow-up referrals within 48 hours, and making three attempts to contact; 4) a policy to distribute culturally appropriate program brochures, flyers and educational materials; 6) a policy to develop and maintain an up-to-date resource directory/file for staff use; 7) a policy to use the BIH Recruitment Form and the Recruitment Form for Referring Partners.</p> <p>3.1b The BIH staff will implement the RP, enroll African American women in the BIH Recruitment Program and create a participant record (paper/electronic).</p> <p>3.1c Contractor will solicit a cross-section of 9-12 community members to serve as BIH Community Council (BCC) members. (BIH staff cannot be included in this count.)</p> <p>3.1d Conduct quarterly (minimum) BCC meetings to obtain input and support for program activities, and to work collaboratively to improve African American birth outcomes and family health in the target area.</p> <p>3.1e Contractor will create informal and formal partnerships with other programs, agencies and entities to support BIH participants/program services.</p> <p>3.1f Schedule and participate in community</p>	<p>03/01/2023–06/30/23</p> <p>03/01/23–06/30/23</p> <p>03/01/23–06/30/23</p> <p>03/01/23–06/30/23</p> <p>By 05/15/23</p>	<p>3.1b Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure Recruitment Program Standards are progressing/achieved.</p> <p>3.1c Maintain in the Recruitment Plan Binder, a current BCC roster with contact information (name, organizational affiliation, title, address, phone number) for each council member.</p> <p>3.1d Maintain in the Recruitment Plan Binder, BCC meeting notices, agendas and minutes.</p> <p>3.1e Maintain on file in the Recruitment Plan Binder, descriptions of informal partnerships and current (within the past two fiscal years) Memorandums of Agreement for formal partnerships.</p> <p>3.1f Maintain on file in the Recruitment Plan Binder</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.1 The Contractor will conduct Case Management Only (CMO) services with 25 participants (pregnant and postpartum up to 6 months.)</p> <p>BIH Fidelity Core Elements</p> <ul style="list-style-type: none"> ➤ Do participants meet eligibility requirements? ➤ Does staff follow enrollment guidelines? ➤ Do participants participate in the full intervention? ➤ Are efforts made to continue working on quality assurance? 	<p>engagement activities (e.g., collaborative meetings; health fairs; community events; etc.) that benefit the target area.</p> <p>Document the staff participating in the activity, the address where the activity takes place and if appropriate, record community participation via sign-in/attendance sheets by obtaining original signatures <u>with</u> contact information (phone number <i>or</i> email address <i>or</i> work/home address including zip code).</p>		<p>(by month/year), a description of the community engagement activity/event including required documentation.</p>
	<p>4.1a The PS will review the written standardized In-take Procedure and make necessary updates to program/services information. Submit the In-take Procedure to Public Health for review.</p>	As needed	<p>4.1a Maintain on file an up-to-date In-take Procedure and Public Health Acknowledgment of Receipt.</p>
	<p>4.1b The BIH staff will enroll eligible African American women into the BIH Services Program.</p> <p>Participant records (paper/electronic) must be arranged/maintained in identical order, contain completed required forms and clearly show regular and consistent interaction with participants. The Contractor must use record-keeping systems that maintain participant information/data <u>confidentially and securely</u>.</p>	03/01/23–06/30/23	<p>4.1b Maintain on file up-to-date participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure the established Services Program Standards are achieved.</p>
	<p>4.1c With guidance from the State BIH Program Office, Contractor will complete Performance Enhancement Plans (PEP) and participate in</p>	As required	<p>4.1d Maintain on file written PEPs, Public Health feedback, and Public Health Acknowledgement of Receipt.</p>

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.2 The Contractor will provide CMO services for participants that are not enrolled in Group Model/Life Planning.</p> <p>BIH Fidelity Core Elements</p> <ul style="list-style-type: none"> ➤ Does case management meet structural standards? ➤ Does case management meet quality of delivery standards? 	<p>PEP conference calls with the BIH County Coordinator and the State.</p> <p>Additionally, Contractor will conduct a mid-year <i>Participant Satisfaction Survey</i> to obtain feedback about their experiences receiving BIH Program services. Contractor will develop an action plan to implement new strategies that address participants' expectations and concerns. Submit the action plan to Public Health for review.</p>	02/01/23	
	<p>4.2a The PS will conduct an initial assessment with all new participants and complete required forms. The purpose of the assessment is used to identify the participant's strengths and their needs. The new participant will be assigned to a GFFHA.</p>	03/01/23–06/30/23	<p>4.2a Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p>
	<p>4.2b The GFFHA will work collaboratively with the participants to assist them to create a Life Plan. The intent of the Life Plan is to help the participants create personal goals that include specific activities/steps for reaching their goals.</p>	03/01/23–06/30/23	<p>4.2b Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p>
	<p>4.2c The GFFHA will conduct case management services with participants.</p> <p>Case management services include but are not limited to: ensuring participants have prenatal care; distributing health education literature; conducting one-on-one tobacco</p>	03/01/23–06/30/23	<p>4.2c Maintain on file participant records (paper/electronic) that document the delivery of case management services. At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p>

Exhibit-B

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	education and providing support and referrals to participants that smoke; making sure participants have health insurance; developing and updating the Life Plan; writing progress notes; conducting home visits; participating in case conferences; completing ETO forms; distributing participant support materials; coaching participants in-home to complete a safety checklist; assisting participants to create their Birth Plan and Life Plan.		
	4.2d Staff will provide participants with appropriate referrals that help expand and strengthen the participant's support system. Document the referrals and follow-up with participants to determine if services are accessed.	03/01/23– 06/30/23	4.2d Maintain on file participant records (paper/electronic) that document the referrals given to each participant. At the Annual Program Review, participant records will be reviewed.
	4.2e Staff will refer the BIH participant's husband/partner to resources for fathers, including tobacco cessation resources. As applicable, document the father's referral(s) in the participant's file. Staff will document the fathers' referral(s) in the same location in all participant files.	03/01/23– 06/30/23	4.2e Maintain on file participant records (paper/electronic) that document the father's referral(s). At the Annual Program Review, participant records will be reviewed.
	4.2f Staff will refer participants who use illicit drugs, alcohol and/or tobacco products to appropriate treatment programs. Staff will monitor the participant's effort to eliminate/reduce the risky behavior, provide	03/01/23– 06/30/23	4.2f Maintain on file participant records (paper/electronic) that document the referral(s) given to affected participants. At the Annual Program Review, participant records will be reviewed.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>positive reinforcement to encourage the participant and supply the participant with appropriate health education literature.</p> <p>Document the referrals and follow-up with participants to determine if services are accessed.</p> <p>4.2g Contractor will conduct three (3) participant-centered program activities (e.g., workshop; event; etc.) that address one of the following subjects: a) personal development; b) family-strengthening; c) mental health; d) physical health.</p> <p>Contractor will submit an activity plan (including activity costs) to Public Health for review 45 days (minimum) prior to the event.</p>	<p>By 02/15/23 By 05/15/23</p>	<p>4.2g Maintain on file by month/year Public Health Acknowledgement of Receipt, related activity plans and documentation that identifies the staff that participated in the activity, the address where the activity was held, an activity flyer, pictures of the activity and participant sign-in sheets.</p>
4.3 The Contractor will ensure BIH participants have access to mental health resources.	4.3a The PS will assess the participant's EPDS and make an appropriate mental health service recommendation/referral.	03/01/23– 06/30/23	4.3a Maintain on file participant records (paper/electronic) that document the mental health referral(s) given to affected participants. At the Annual Program Review, participant records will be reviewed.
5.1 The Contractor will use the BIH ETO System and enter all participant data for evaluation purposes.	5.1a Contractor will install all necessary computer equipment and software to meet State BIH specifications.	As needed	5.1a At the BIH Program site, computer equipment and software is installed and meets the required State specifications.

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<p><i>Public Health will provide a format for the quarterly Invoice and Program Narrative/Data Report. The Contractor is responsible for submitting program information in the format required by Public Health.</i></p> <p>6.1 Throughout the term of this agreement, maintain excellent communication and program coordination with Public Health, the State BIH Program Office and other stakeholders to maximize program effectiveness and to ensure fidelity in the BIH Program.</p>	5.1b The staff will enter, update and maintain participant data in the BIH ETO System.	03/01/2023– 06/30/23	5.1b At the Annual Program Review, data entered in BIH ETO will be reviewed and compared to data collected from the participant (paper record) to ensure accuracy and completeness.
	5.1c As specified by Public Health, no later than the 15 th of the month Contractor will submit the monthly Invoice (Reimbursement Claim) and monthly Program Narrative/Data Report.	03/01/2023– 06/30/23	5.1c At the time of the Annual Program Review, the Public Health BIH Contractor's Quarterly Invoice Log and Quarterly Program Narrative/Data Report Log will be reviewed.
	6.1a Attend the monthly Public Health BIH Team Meeting and host a meeting in rotation.	03/01/2023– 06/30/23	6.1a Meeting sign-in sheets.
	6.1b Attend and participate in Public Health and State BIH meetings (State BIH Annual Meeting; role specific conference calls; role specific training; focus groups; etc.).	03/01/2023– 06/30/23	6.1b Meeting sign-in sheets, roll call, documentation of travel.

BIH Scope of Work (EXPANSION 2022-23) Description

The Scope of Work (SOW) is a very important document because it contains the deliverables of the contract for which the Contractor is responsible. The SOW functions as a master plan for the program. Contractors should become intensely familiar with the SOW to establish, maintain, and implement a thriving BIH Program. Contractors are encouraged to be creative in the development of their program, which may result in the creation of additional goals and objectives not described herein.

The SOW contains broad statements that describe the objectives of the program, activities that will lead to achieving the objectives, a timeline for accomplishing activities, and methods of evaluation that determine and measure a Contractor's success in establishing a BIH Program. The SOW is organized with the goals at the top, the measurable objectives in the first column, the implementation activities in the second column, the timeline in the third column, and the methods of evaluation in the fourth column. The implementation activities, timeline, and methods of evaluation all support the measurable objective.

- ❖ **Goals** – A description of the desired outcomes of the program.
- ❖ **Measurable Objectives** – The process and outcome activities (stated in measurable terms) by which the goals will be accomplished.
- ❖ **Implementation Activities** – The essential actions/steps needed to achieve the objectives.
- ❖ **Timeline** – The due date(s) to accomplish each implementation activity.
- ❖ **Method(s) of Evaluation** – A description of how the objective will be documented to determine successful achievement of the objective.

The BIH staff and subcontractor(s)/consultant(s) implementing program services are instrumental in managing the SOW objectives and are responsible for the performance of the implementation activities. The SOW is a part of the final contract with the Department of Public Health and will be monitored for compliance.

The term 'Program Fidelity' is used within the document and it refers to how well an intervention is implemented in comparison with the original program design. Fidelity criteria are necessary to maintain the original program design, and to ensure the program services being implemented are the same across sites. Consequently, **the Contractor must ensure all staff and subcontractor(s)/consultant(s) performing BIH services receive a copy of the SOW and become thoroughly familiar with its content.**

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
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Goals

- Empower African American women, build resilience and reduce stress
- Promote healthy behaviors to support health, wellness and relationships
- Promote healthy relationships and enhance bonding and parenting skills
- Connect women with medical, social, economic and mental health services
- Engage African American communities to raise awareness and mobilize community action to support BIH efforts and improve conditions for African American women and their families

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>1.1 The Contractor will maintain qualified staff to conduct a community-based Black Infant Health (BIH) Program that is relevant to African American women, culturally competent and honors the unique history/traditions of people of African American descent.</p> <p>BIH Fidelity Core Element</p> <ul style="list-style-type: none"> ➤ Are efforts made to continually ensure quality staffing of the BIH program? <p>A working definition of cultural competence is... <i>"Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."</i></p>	<p>1.1a Maintain culturally competent staff to perform program services. The staff must possess knowledge, understanding and respect for the values and beliefs of the African American community, and support the BIH governing concepts of: culturally relevant; participant-centered; strength-based; cognitive skill-building.</p> <p align="center">Staff REQUIRED to perform BIH services:</p> <p>Family Health Advocate (FHA) (2.0 FTE) - Two (2) staff are responsible for the case management services which includes and is not limited to: ensuring participants complete the Character Strengths Survey; participating in case conference activities; assisting participants to create goals and develop their Life Plan; initiating follow-up assessments; maintaining monthly regular contact with participants; promoting tobacco cessation; making appropriate referrals.</p>	<p>03/01/2023 – 06/30/23</p> <p>Hire within 3 months of vacancy</p>	<p>1.1a Maintain on file for each position: current job description; recruitment ad/bulletin/flyer(s); employment applications; documentation of the position minimum requirements and supporting credentials (e.g., I9 Employment Eligibility; diploma/certification/official transcript; a valid CA driver license and auto insurance that remains current while performing program tasks/activities etc.).</p> <p align="center"><u>Position Minimum Requirements</u></p> <p>FHA – Minimum of a Bachelor's Degree in one of the following fields: a) women/maternal, child/infant health, b) social work, c) health education, or d) human services; three (3) years of experience providing direct services to the target population; socio-cultural experience(s) compatible for the target population; excellent oral and written communications; interpersonal skills; critical thinking and problem-solving skills.</p>

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.1 The Contractor will ensure the Fiscal Manager (FM) and all BIH staff and subcontractor(s) performing program implementation activities are trained on the State-mandated Federal Financial Participation (FFP) Program and the Public Health Automated Time Study procedures.	2.1a The staff/subcontractor(s)/FM will attend the State FFP Program / Public Health Automated Time Study training(s).	As scheduled	2.1a Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.1b Contractor will use the State and Public Health training materials to train new staff/subcontractor(s)/FM about the FFP Program and Automated Time Study procedures within the first two (2) weeks of their employment.	As needed	2.1b Maintain on file current copies of the State and Public Health training materials. Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.1c As required by Public Health, staff/subcontractor(s) will complete quarterly time study forms July and October 2022, and January and April 2023. Original (signed in blue ink) forms and a staffing roster will be delivered (overnight mail or hand delivery) to Public Health no later than the 5 th work day of the following month.	02/07/23 05/05/23	2.1c Maintain on file copies of mail/delivery receipts.
	2.1d Public Health will review original Time Study forms and return forms to the Contractor for correction. Staff/subcontractor(s) will correct and resubmit forms to Public Health no later than seven (7) calendar days from receipt.	02/21/23 – 06/30/23	2.1d Maintain on file copies of corrected quarterly time studies and delivery receipts.

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.2 The Contractor will ensure all BIH staff/subcontractor(s) performing program implementation activities are trained on the State-mandated Recruitment Procedures, Group Interventions, Case Management Services and BIH ETO System.</p> <p><i>Public Health will coordinate core intervention training with the State BIH Program Office.</i></p>	<p>2.2a Staff/subcontractor(s) will attend State BIH recruitment, group interventions, case Management and BIH ETO trainings.</p> <p>2.2b Contractor will use the State BIH recruitment strategy, group curriculums, case management protocol and ETO guidelines to train new staff/subcontractor(s) to implement a recruitment strategy, facilitate the group interventions, perform case management services and use the BIH ETO System.</p> <p>The PS will develop a training schedule for each new hire within the first two (2) weeks of employment to ensure staff/subcontractor(s) are consistently acclimated to BIH Program services/job duties and responsibilities.</p> <p>The PS will submit the training schedule to Public Health for review and complete training with new staff/subcontractor(s) within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>As needed</p>	<p>2.2a Maintain training certificate/documentation in staff/subcontractor(s) personnel files.</p> <p>2.2b Maintain on file current copies of the State BIH group curriculums, case management protocol, ETO guidelines, recruitment procedures and Public Health Acknowledgment of Receipt. Maintain training certificate/documentation in staff/subcontractor(s) personnel files.</p>

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
2.3 The Contractor will ensure all BIH staff/subcontractor(s) performing program implementation activities attend or receive appropriate staff development/training. <i>Public Health will coordinate SIDS and Safe Sleep for Infants Training and Immunizations Training.</i>	2.3a Contractor will ensure staff/subcontractor(s) receive on-going training on perinatal health subjects (e.g., stages of pregnancy; effects of drugs, alcohol and tobacco on pregnancy; postpartum depression; family planning; child safety; nutrition and physical activity; etc.) and other topics (e.g., time management; self-care; intimate partner violence; active listening; basic counseling skills; etc.) that will improve their knowledge, skills and ability to perform program services competently with participants.	As scheduled	2.3a Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3b Staff/subcontractor(s) will attend the Public Health SIDS and Safe Sleep Training.	As scheduled	2.3b Maintain on file current Public Health SIDS and Safe Sleep training materials. Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3c The PS will review the SIDS and Safe Sleep Education Form to ensure the form is suitable for documenting one-on-one health education with participants and that FHAs are adept at using the form. Submit form to Public Health for review and approval.	As needed	2.3c Maintain Public Health approval on file.
	2.3d During case management, FHAs will educate participants about SIDS and Safe Sleep at the following intervals: during a home visit within two (2) weeks of the infant's birth; when the infant is 8 months old.	03/01/23 – 06/30/23	2.3d Maintain an up-to-date/completed SIDS and Safe Sleep Education Form in the participant's file. During the Annual Program Review participant records will be reviewed for compliance.

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	At each interval, a FHA will observe the infant's sleeping area and sleeping position to provide the mother/parents/other caregivers appropriate feedback to reinforce SIDS and Safe Sleep messages, and will document the observations on the participant's SIDS and Safe Sleep Education Form.		
	2.3e Contractor will use the Public Health SIDS and Safe Sleep training materials to train new staff/subcontractor(s). Contractor will complete training within the first sixty (60) days of their employment.	As needed	2.3e Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3f Staff/subcontractor(s) will attend the Public Health Immunizations Training.	As scheduled	2.3f Maintain on file a current Public Health Immunization Manual (training binder). Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3g Contractor will use the Public Health Immunization Manual to train new staff/subcontractor(s) about the importance of immunizations. Contractor will complete training within the first sixty (60) days of their employment.	As needed	2.3g Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3h Staff/subcontractor(s) will attend Public Health Tobacco Education Training to gain knowledge about the impact of tobacco use/exposure during the perinatal period.	As scheduled	2.3h Maintain training certificate/documentation in staff/subcontractor(s) personnel files.
	2.3i Staff will attend other State and Public Health required/sponsored training.	As scheduled	2.3i Maintain training certificate/documentation in staff/subcontractor(s) personnel files.

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MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>3.1 The Contractor will increase awareness about African American birth outcomes and BIH Program services by conducting community engagement activities in the target areas.</p> <p>TARGETED SERVICE PLANNING AREAS</p> <p>SPA 6 and SPA 8</p> <p><i>All flyers/educational materials purchased with BIH funding must have the State BIH logo and include a funding tag line that reads: "Funded by the California Department of Public Health and the Los Angeles County Department of Public Health."</i></p> <p>BIH Fidelity Core Element</p> <ul style="list-style-type: none"> ➤ Are efforts made to establish and maintain community linkages? 	<p>2.3j The FHAs will use the BIH Case Management FHA Self-Assessment Tool for one (1) workweek each quarter to evaluate their case management skills.</p>	<p>By 03/15/23 By 06/15/23</p>	<p>2.3j Maintain on file completed FHA Case Management Self-Assessment Tools for each FHA.</p>
	<p>2.3k In conjunction with the FHA completing the FHA Self-Assessment Tool, the PS will complete the BIH Case Management FHA Supervision Tool to support staff development.</p>	<p>By 03/30/23 By 06/30/23</p>	<p>2.3k Maintain on file completed Supervision Tools that correlate with completed FHA Case Management Self-Assessment Tools.</p>
	<p>3.1a The PS and COLs will review the Recruitment Plan (RP) to ensure it is sufficient for establishing linkages and engagement with African American communities in SPA 6 and SPA 8. Submit a RP bi-annually to Public Health for review and approval.</p> <p>At a minimum include in the RP: 1) a description of the way community engagement will be conducted within the target areas including guidelines for staff to conduct street/provider/media outreach to recruit eligible women into groups; 2) an elevator speech that contains standardized messages about adverse health outcomes for African American women and babies, a narrative about BIH's emphasis to empower black women and a program description that will attract women to enroll; 3) a policy to follow-up referrals within 48 hours, and making</p>	<p>02/01/23</p>	<p>3.1a Maintain on file a Recruitment Plan Binder that contains the Recruitment Plan and Public Health approval.</p>

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	three attempts to contact; 4) a policy to distribute culturally appropriate program brochures, flyers and educational materials; 6) a policy to develop and maintain an up-to-date resource directory/file for staff use; 7) a policy to use the BIH Recruitment Form and the Recruitment Form for Referring Partners.		
	3.1b The COLs will implement the RP, enroll African American women in the BIH Recruitment Program and create a participant record (paper/electronic).	03/01/23 – 06/30/23	3.1b Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure Recruitment Program standards are progressing/achieved.
	3.1c Contractor will ensure/solicit a cross-section of 12-15 community members to serve as BIH Community Council (BCC) members. (BIH staff cannot be included in this count.)	03/01/23 – 06/30/23	3.1c Maintain in the Recruitment Plan Binder, a current BCC roster with contact information (name, organizational affiliation, title, address, phone number) for each council member.
	3.1d Conduct quarterly (minimum) BCC meetings to obtain input and support for program activities, and to work collaboratively to improve African American birth outcomes and family health in the target areas.	03/01/23 – 06/30/23	3.1d Maintain in the Recruitment Plan Binder, BCC meeting notices, agendas and minutes.
	3.1e Contractor will create informal and formal partnerships with other programs, agencies and entities to support BIH participants/program services.	03/01/23 – 06/30/23	3.1e Maintain on file in the Recruitment Plan Binder, descriptions of informal partnerships and current (within the past two fiscal years) Memorandums of Agreement for formal partnerships.
	3.1f Schedule and participate in community engagement activities (e.g., collaborative meetings; community events; etc.) that benefit	03/01/2023 – 06/30/23	3.1f Maintain on file in the Recruitment Plan Binder (by month/year), a description of the community engagement activity/event including required

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<p>the target areas.</p> <p>Document the staff/subcontractor(s) participating in the activity, the address where the activity takes place and if appropriate, record community participation via sign-in/attendance sheets by obtaining original signatures <u>with</u> contact information (phone number <i>or</i> email address <i>or</i> work/home address including zip code).</p> <p>4.1 The Contractor will also conduct Case Management Only (CMO) services with 110 participants (pregnant and postpartum up to 6 months.)</p> <p>BIH Fidelity Core Elements</p> <ul style="list-style-type: none"> ➤ <i>Do participants meet eligibility requirements?</i> ➤ <i>Does staff follow enrollment guidelines?</i> ➤ <i>Do participants participate in the full intervention?</i> ➤ <i>Are efforts made to continue working on quality assurance?</i> 	<p>4.1a The MHSs will review the written standardized In-take Procedure and make updates to program/services information. Submit the In-take Procedure to Public Health for review.</p> <p>4.1b The DEAs will enroll eligible African American women into the BIH Services Program.</p> <p>Participant records (paper/electronic) must be arranged/maintained in identical order, contain completed required forms and clearly show regular and consistent interaction with participants. The Contractor must use record-keeping systems that maintain participant information/data <u>confidentially and securely</u>.</p> <p>4.1c With guidance from the State BIH Program Office, Contractor will develop Performance Enhancement Plans (PEP) and participate in PEP conference calls with the BIH County Coordinator and the State.</p>	<p>As needed</p> <p>03/01/2023 – 06/30/23</p> <p>As required</p>	<p>documentation.</p> <p>4.1a Maintain on file an up-to-date In-take Procedure and Public Health Acknowledgment of Receipt.</p> <p>4.1b Maintain on file up-to-date participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure the established Services Program Standards are achieved.</p> <p>4.1c Maintain on file completed PEPs, Public Health feedback, and Public Health Acknowledgement of Receipt.</p>

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<p>4.2 The Contractor will provide CMO services for participants that are not enrolled in Group Model/Life Planning.</p> <p>BIH Fidelity Core Elements</p> <ul style="list-style-type: none"> ➤ Does case management meet structural standards? ➤ Does case management meet quality of delivery standards? 	<p>Additionally, Contractor will conduct a mid-year <i>Participant Satisfaction Survey</i> to obtain feedback about their experiences receiving BIH Program services. Contractor will develop an action plan to implement new strategies that address participants' expectations and concerns. Submit the action plan to Public Health for review.</p>	02/01/23	
	<p>4.2a The MHSs will conduct an initial assessment with all new participants and complete required forms. The purpose of the assessment is used to identify the participant's strengths and needs. In collaboration with the PS, the new participant will be assigned to a FHA.</p>	03/01/2023 – 06/30/23	<p>4.2a Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p>
	<p>4.2b The FHAs will work collaboratively with participants to assist them to create a Life Plan. The intent of the Life Plan is to help the participant create personal goals that include specific activities/steps for reaching their goals.</p>	03/01/2023 – 06/30/23	<p>4.2b Maintain on file participant records (paper/electronic). At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p>
	<p>4.2c FHAs will conduct case management services with participants.</p> <p>Case management services include but are not limited to: ensuring participants have prenatal care; distributing health education literature; conducting one-on-one tobacco education and providing support and referrals to participants that smoke; making sure participants have health insurance; developing</p>	03/01/2023 – 06/30/23	<p>4.2c Maintain on file participant records (paper/electronic) that document the delivery of case management services. At the Annual Program Review, participant records will be reviewed to ensure established Program Standards are achieved.</p>

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	<p>and updating the Life Plan; writing progress notes; conducting home visits; participating in case conferences; completing ETO forms; distributing support materials; coaching participants in-home to complete a safety checklist; assisting participants to create their Birth Plan and Life Plan.</p> <p>4.2d Staff/subcontractor(s) will provide participants with appropriate referrals that help expand and strengthen the participant's support system.</p> <p>Document the referrals and follow-up with participants to determine if services are accessed.</p> <p>4.2e Staff/subcontractor(s) will refer the BIH participant's husband/partner to resources for fathers, including tobacco cessation resources. As applicable, document the father's referral(s) in the participant's file.</p> <p>Staff/subcontractor(s) will document the fathers' referral(s) in the same location in all participant files.</p> <p>4.2f Staff/subcontractor(s) will refer participants who use illicit drugs, alcohol and/or tobacco products to appropriate treatment programs.</p> <p>FHAs will monitor the participant's effort to eliminate/reduce the risky behavior, provide positive reinforcement to encourage the</p>	<p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p> <p>03/01/23 – 06/30/23</p>	<p>4.2d Maintain on file participant records (paper/electronic) that document the referrals given to each participant. At the Annual Program Review, participant records will be reviewed.</p> <p>4.2e Maintain on file participant records (paper/electronic) that document the father's referral(s). At the Annual Program Review, participant records will be reviewed.</p> <p>4.2f Maintain on file participant records (paper/electronic) that document the referral(s) given to affected participants. At the Annual Program Review, participant records will be reviewed.</p>

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The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
4.3 The Contractor will ensure BIH participants have access to mental health resources.	<p>participant and supply the participant with appropriate health education literature.</p> <p>Document the referrals and follow-up with participants to determine if services are accessed.</p> <p>4.2g Contractor will conduct quarterly participant-centered program activities (e.g., workshop; event; etc.) that address one of the following subjects: a) personal development; b) family-strengthening; c) mental health; d) physical health.</p> <p>Contractor will submit an activity plan (including activity costs) to Public Health for review 45 days (minimum) prior to the event.</p>	<p>By 02/15/23 By 05/15/23</p>	<p>4.2g Maintain on file by month/year Public Health Acknowledgement of Receipt, activity plans and documentation that identifies the staff that participated in the activity, the address where the activity was held, an activity flyer, pictures of the activity and participant sign-in sheets.</p>
	4.3a The MHSs will assess the participants' EPDS and make an appropriate mental health service recommendation/referral.	03/01/23 – 06/30/23	4.3a Maintain on file participant records (paper/electronic) that document the mental health referral(s) given to affected participants. At the Annual Program Review, participant records will be reviewed.
	4.3b The MHSs will conduct short-term basic counseling services and document the participant's file for participants who report/present MILD cases of: non-coping responses to life events; persistent family discord; continual experiences of loss.	03/01/23 – 06/30/23	4.3b Maintain on file participant records (paper/electronic) that document the mental health basic counseling services provided to affected participants. At the Annual Program Review, participant records will be reviewed.

Exhibit-B

Black Infant Health (BIH) Program – Expansion Services
Scope of Work
Effective Date of Execution for the period of March 1, 2023, through June 30, 2023

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan that is comprised of implementation activities, a timeline and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented/evaluated as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
5.1 The Contractor will use the BIH ETO System and enter all participant data for evaluation purposes. <i>Public Health will provide a format for the monthly Invoice and Program Narrative/Data Report. The Contractor is responsible for submitting program information in the format required by Public Health.</i>	5.1a Contractor will install all necessary computer equipment and software to meet State BIH specifications.	As needed	5.1a At the BIH Program site, computer equipment and software is installed and meet the required State specifications.
	5.1b The DEAs/other staff/subcontractor(s) will enter, update and maintain participant data in the BIH ETO System.	03/01/23 – 06/30/23	5.1b At the Annual Program Review, data entered in BIH ETO will be reviewed and compared to data collected from the participant (paper record) to ensure accuracy and completeness.
	5.1c As specified by Public Health, no later than the 15 th of the month Contractor will submit the monthly Program Narrative/Data Report and monthly Invoice (Reimbursement Claim).	03/01/23 – 06/30/23	5.1c At the time of the Annual Program Review, the Public Health BIH Contractor's Quarterly Invoice Log and Quarterly Program Narrative/Data Report Log will be reviewed.
6.1 Throughout the term of this agreement, maintain excellent communication and program coordination with Public Health, the State BIH Program Office and other stakeholders to maximize program effectiveness and to ensure fidelity in the BIH Program.	6.1a Attend the monthly Public Health BIH Team Meeting and host a meeting in rotation.	03/01/23 – 06/30/23	6.1a Meeting sign-in sheets.
	6.1b Attend and participate in Public Health and State BIH meetings (State BIH Annual Meeting; role specific conference calls; role specific training; focus groups; etc.).	03/01/23 – 06/30/23	6.1b Meeting sign-in sheets, roll call, documentation of travel.

BUDGET
CONTRACTOR
BLACK INFANT HEALTH SERVICES
STATE GENERAL FUND EXPANSION

Budget Period

March 1, 2023, through June 30, 2023

Full-Time Salaries	\$
Employee Benefits @ %	\$
Total Full-Time Salaries and Employee Benefits	\$
Part-Time Salaries	\$
Employee Benefits @ %	\$
Total Part-Time Salaries and Employee Benefits	\$
Total Salaries and Employee Benefits	\$
Operating Expenses	\$
Other	\$
Indirect Cost @ % of Salaries	\$
TOTAL PROGRAM BUDGET	\$



County of Los Angeles

Notice of Federal Subaward Information

Recipient Information (i)	Federal Award Information (www.usaspending.gov)																								
1. Recipient Name	10. Federal Award Number (1)																								
2. Vendor Customer Code (VCC)	11. Federal Award Date (iv)																								
3. Employer Identification Number (EIN)	12. Unique Federal Award Identification Number (FAIN) (iii)																								
4. Recipient's Unique Entity Identifier (ii) Data Universal Numbering System (DUNS) (www.SAM.gov)	13. Name of Federal Awarding Agency (xi)																								
5. Award Project Title	14. Federal Award Project Title (x)																								
6. Project Director or Principal Investigator Name: Title: Address: E-mail:	15. Assistance Listing Number (xii)																								
7. Authorized Official Name: Title: Address: E-mail:	16. Assistance Listing Program Title (xii)																								
	17. Is this Award R&D? (xiii)																								
County Department Information (xi)	<table border="1"> <thead> <tr> <th colspan="2">Summary Federal Subaward Financial Information</th> </tr> </thead> <tbody> <tr> <td>18. Budget Period Start Date (vi):</td> <td>End Date:</td> </tr> <tr> <td>19. Total Amount of Federal Funds Obligated by this Action (vii)</td> <td>\$</td> </tr> <tr> <td>20a. Direct Cost Amount</td> <td>\$</td> </tr> <tr> <td>20b. Indirect Cost Amount (xiv)</td> <td>\$</td> </tr> <tr> <td>20. Authorized Carryover</td> <td>\$</td> </tr> <tr> <td>21. Offset</td> <td>\$</td> </tr> <tr> <td>22. Total Amount of Federal Funds Obligated this Budget Period (viii)</td> <td>\$</td> </tr> <tr> <td>23. Total Approved Cost Sharing or Matching, where applicable</td> <td>\$</td> </tr> <tr> <td>24. Total Federal and Non-Federal Approved this Budget Period (ix)</td> <td>\$</td> </tr> <tr> <td>25. Projected Performance Period Start Date (v):</td> <td>End Date:</td> </tr> <tr> <td>26. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</td> <td>\$</td> </tr> </tbody> </table>	Summary Federal Subaward Financial Information		18. Budget Period Start Date (vi):	End Date:	19. Total Amount of Federal Funds Obligated by this Action (vii)	\$	20a. Direct Cost Amount	\$	20b. Indirect Cost Amount (xiv)	\$	20. Authorized Carryover	\$	21. Offset	\$	22. Total Amount of Federal Funds Obligated this Budget Period (viii)	\$	23. Total Approved Cost Sharing or Matching, where applicable	\$	24. Total Federal and Non-Federal Approved this Budget Period (ix)	\$	25. Projected Performance Period Start Date (v):	End Date:	26. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$
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8. County Department Contact Information Name: Title: Address: E-mail:	27. Authorized Treatment of Program Income																								
9. Program Official Contact Information Name: Title: Address: E-mail:	28. County Program Officer Signature																								
	<div> <div>Name:</div> <div>Title:</div> </div> <div> <div>Signature/Date</div> </div>																								
29. Remarks																									